



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: METHODIST HOSPITALS INC. (GARY)

City of Hospital: Gary and Merrillville Indiana

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150002

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$479752674
Outpatient Patient Service Revenue	\$317298675
Total Gross Patient Service Revenue	\$797051349

2. Deductions From Revenue

Contractual Allowance	\$498059891
Other Deductions	\$0
Total Deductions	\$498059891

3. Total Operating Revenue

Net Patient Service Revenue	\$298991458
Other Operating Revenue	\$14207171
Total Operating Revenue	\$313198629

4. Operating Expenses

Salaries and Wages	\$117005454	Employee Benefits	\$29187590
Depreciation and Amortization	\$17703701	Interest Expense	\$5825873
Bad Debt	\$14933706	Other Expenses	\$119755434
Total Operating Expenses	\$304411758		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$8786871	Total Assets	\$362929852
Net Non-operating Gains over Loss	\$11913782	Total Liabilities	\$159061123
Total Net Gains	\$20700653		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$370269536	\$248576313	\$121693223
Medicaid	\$181277623	\$148121911	\$33155712
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$245504190	\$111575843	\$133928347
Total	\$797051349	\$508274067	\$288777282

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$95647	\$-95647

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$600855	\$496370	\$104485
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$46528459
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$15576611	
HCI Payments	\$0		
Subtotal	\$0	\$15576611	\$-15576611
Medicaid Shortfalls	\$51940552	\$52286160	
Subtotal	\$51940552	\$67862771	\$-15922219
DSH Payments	\$15,542,770		
Subtotal	\$67483322	\$67862771	\$-379449
Medicare Shortfalls	\$0	\$13109731	
Other Government Programs	\$0	\$0	
Total	\$67483322	\$80972502	\$-13489180

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$733954	\$-733954
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0